

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILED DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6		1				
7		1				
8		2				
9		2				
10	1					
11		1				
12		1				
13	1					
14	1					
15		1				
16		1				
17		1				
18		1				
19	2					
20	2					
21	1					
22		1				
23						
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48	1					
49	1					
50		1				
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54		1						
55		1						
56		1						
57		1						
58		1						
59		1						
60		1						
61		1						
62		1						
63		1						
64		1						
65		1						
66		1						
67		1						
68		1						
69	1							
70	1							
71	1							
72	1							
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86								
87								
88								
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90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	14		↓		↓			
TOTAL DEP.	62	←	←	←	←	←		
TOTAL CLAIMS	76	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS